

Benefits of a Smoke-Free Workplace

Secondhand Smoke is a Known Health Hazard

- In 2005, it was estimated that exposure to secondhand smoke kills more than 3,000 adult nonsmokers from lung cancer, approximately 46,000 from coronary heart disease, and an estimated 430 newborns from sudden infant death syndrome each year.ⁱ
- Restrictions on smoking can effectively reduce exposure, but technical approaches such as air cleaning or increased indoor/outdoor air exchange cannot.
- The Centers for Disease Control and Prevention (CDC) warns, "...all patients at risk of coronary heart disease or with known coronary artery disease should be advised to avoid all indoor environments that permit smoking."^{i, vii}

Smoke-Free Policies Can Create Positive Behavior Changes

- The #1 reason why people quit smoking is that their worksite has gone smoke-free.^{ix}
- Workplace smoking restrictions lead to less smoking among employees.^{ix}
- Smoking bans and restrictions in the workplace lead to reductions in daily consumption of cigarettes and increases tobacco cessation among workers.
 - Example: Smoking prevalence among adult smokers in New York City decreased 11% in the year (2002-2003) following a comprehensive smoke free law, tax increase, media campaign, and cessation initiative involving distribution of free nicotine replacement therapy (NRT).
- Smoke-free policies can change the attitudes and behaviors of adolescents, preventing them from ever smoking.^{xii}

Smoking is Costly

- Smoking and secondhand smoke are costly problems for the NC State Health Plan, which estimates that the annual direct medical costs of smoking and secondhand smoke is more than \$249 million.
 - This includes close to \$32 million from secondhand smoke and \$217 million from smoking.
 - This **does not count** indirect costs such as absenteeism and lost productivity.
- An employee who smokes costs the employer \$3,391 more annually in medical costs and lost productivity than a non-smoker.^{xiii}
- Total health care costs in North Carolina directly caused by smoking are estimated at \$2.46 billion^{xv}
- Total losses in productivity in North Carolina caused by smoking are estimated at \$3.30 billion^{xv}

Public Opinion Supports Smoke-Free Workplaces

- The State Employee's Association of North Carolina voted to support smoke-free state government workplaces

- In a September 2006 survey, 86% of North Carolinians polled either agree or strongly agree that employees in NC should be able to work in a smoke-free environment. Only 7% disagreed or strongly disagreed.^{xvi}
- Nationally, more than 80% of adult respondents believe that secondhand smoke is harmful and that nonsmokers should be protected in their workplaces.^{xviii}

Policy Changes Can Work Wonders

“The 40% decrease in adult smoking since warnings first appeared on cigarette packs in 1965 has been a result of a dramatic cultural shift. We’ve moved away from seeing smoking as a glamorous perk of adult life. For many, the impetus to quit started at work. When smokers could no longer light up at their workstations, they had to wait until break, weaning them a bit. Co-workers started speaking up about not wanting to breathe smoke. Smoking areas moved outside, then in some cases off-site. Awareness of the risks became widespread, distaste for smoke grew, and businesses, restaurants, airlines, hotels, and even some bars banned smoking. Business, government, and individuals changed their policies from allowing smoking to forbidding it.” *Wellness Councils of America: Seven Benchmarks for a Well Workplace*^{xx}

ⁱ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006: <http://www.surgeongeneral.gov/library/secondhandsmoke/report/executivesummary.pdf>

^{vii} Pechacek, TF and Babb, S How acute and reversible are the cardiovascular risks of secondhand smoke? BMJ. 2004 Apr 24;328(7446):980-3.

^{ix} North Carolina Prevention Partners. Quit Now NC!: Tobacco Use & Quitting Facts, accessed August 7, 2007 at: <http://www.quitnownc.org/>

^{xii} Centers for Disease Control and Prevention, Office on Smoking and Health. Fact Sheet: Smoke Free Policies Reduce Smoking. October, 2006.
http://www.cdc.gov/tobacco/data_statistics/Factsheets/reduce_smoking.htm

^{xiii} Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), accessed August 7, 2007 at: <http://apps.nccd.cdc.gov/sammec/>

^{xv} Campaign for Tobacco-Free Kids “The Toll of Tobacco in North Carolina” Fact Sheet, accessed August 8, 2007 at: <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NC>

^{xvi} Elon University Poll (September 24-28, 2006). <http://www.elon.edu/e-web/elonpoll>

^{xviii} Centers for Disease Control and Prevention. National Health Interview Survey. 2000.
<http://www.cdc.gov/nchs/nhis.htm>

^{xx} Wellness Councils of America: Seven Benchmarks for a Well Workplace^{xx}
<http://www.welcoa.org/wellworkplace/>